



Send to: STATE OF INDIANA  
**INDIANA AUCTIONEER COMMISSION**  
INDIANA PROFESSIONAL LICENSING AGENCY  
302 West Washington Street, Room E034  
Indianapolis, Indiana 46204  
Telephone: (317) 232-2980  
[www.in.gov/pla](http://www.in.gov/pla)

☐ Service in the armed forces of the United States during a substantial part of the renewal period.

☐ An incapacitating illness or injury.

☐ Other

Name of applicant	License number
Address ( <i>number and street, city, state, ZIP code</i> )	
Signature of applicant	Date ( <i>month, day, year</i> )

[illegible]

FOR OFFICE USE ONLY	
<div><input type="checkbox"/> Approved    <input type="checkbox"/> Tabled    <input type="checkbox"/> Denied</div>	
Comments: <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	
Signature	Date (month, day, year)